Discovery DNA

REQUISITION

Accession # *(lab only)*

971 64 Ave NE #215,
Calgary, AB T2E 7P4
403-284-0039
info@discoverydna.ca

By providing this requisition to the patient/family, the health care provider confirms that they have reviewed and discussed the pre-test counselling information with the patient/family and the patient/family consents to testing.

Patient	PHN	Alternate Identifier	Date of Birth (yyyy-mm-dd)		Gender ☐ M ☐ F
	Last Name	First Name	Middle Initial		Ph H: C:
	Address		City/Town	Prov	Postal Code
Requestor	Requestor Name		Copy to *(last, first Name)*		
	Location/Facility Address		Location/Facility Address		
	Phone	FAX	Phone	FAX	
	Requestor/Referring Centre ID				

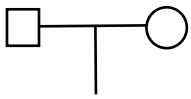
Order Information - Only those samples with completed forms and correct/complete labelled samples will be accessioned. Samples which yield sufficient DNA will proceed to testing. Results will only be provided if all relevant sections of the requisition are completed.

Collection information	Date (yyyy-mm-dd)	Time collected (24 h)	Collector Name / ID	Location

SPECIMENS
Refer to our website SPECIMEN DETAILS section for information on requirements
www.discoverydna.ca

☐ Saliva - ☐ assisted ☐ non-assisted ☐ oral sponge
☐ Urine
☐ other _____
☐ Tissue - Anatomic Site_____
☐ Recent Transfusion / Transplant
Date if known: _____
☐ Your Reference #: _____
☐ Ethnic Background: _____

FAMILY HISTORY
Other family members tested previously?
☐ Yes ☐ NO
Index Patient Name: _____
_____
Please complete the pedigree indicating names of parents, proband, sibs and children.



TEST REQUESTED
☐ WES - Whole Exome Study
☐ WGS - Whole Genome Study
☐ Mitochondrial Studies – urine preferred
☐ Reanalysis
☐ Reassessment
☐ PGx – preferred ON-600 kit non-assisted
☐ Other _____

☐ RAPID TAT Requested (< 2 weeks)
Note: Unforeseen situations may occur that may prohibit us from achieving the rapid TAT.

INDICATION (Check all relevant boxes)
☐ Confirmation of clinical diagnosis
☐ Carrier Status
☐ Presymptomatic Testing
☐ Documented family history of indicated disease
☐ Possible family history of indicated disease
☐ Required for family study (no report)
☐ Store sample until further notice

HPO TERMS / Clinical Features / Medication(s)/ Comments

Accession Checklist *(lab only)*

Form complete/correct? Yes ☐ No ☐
Is this a rapid request? Yes ☐ No ☐
Request Type: Clinical ☐ Private ☐

Place Laboratory LIS Collection & Transfer Labels Here